BEST AVAILABLE COPY

	M	ULTIPI	LE DEP	ENDE	NT CLA	AIM.		SERIAL N	a,	·		RUNG		
MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								/O	[57e	216	4	FILING DATE		
				TORN			CLAIM		11(3)				·	
	AS FILED AFTER AFTER								T		· ·			
1				1"AMENDMENT		2 MAMENDMENT			AS FILED		AFTER 1"amendment		AFTER 2 MAMENDMENT	
-			IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	7
2					 	 	1 .	51 52					MID.	DEP.
3	- -	1, 1	ļ					53		 				
5		1 /	 	 	ļ	<u> </u>	1	54				 		
<u>6</u> 7		1				<u> </u>	!	55 56						
8	- 	1, /						57						
9	1						l. -	58 59						
10 11	/							60						
12		. 7					 -	61 62	·	·	,			
13 14	-}	1						63	- : -	 				
15		1			-			64 -						
16 17	-	, /					<u> </u>	65 66						
18	·	1/						67						
19		1					<u> </u>	68 69						
20 21	-	+		-				70						
22							 	71 72						
23 24								73						
25						·	<u> </u> -	74 75						
26 27							E	76						
· 28								77 78						
30								79 .						
31			 					80						
32							-	81 82						
33 34					<u>, </u>			83						
35							-	84 85						
36 37						·		86						<u> </u>
38								87 88					-	
39 40								89				 }-		
41								90 91	$ \top$					
42								92						
44					-:		-	93 94						
45 46							<u> </u>	95				}		
47								96						
48		· ·						9.7 98						
49 50								99						
OTAL IND.	2	1		4		1		100 FALIND.		1		1		1
OTAL DEP	20	4		49		4 1.	1701	AL DEP	·J	4				
TOTAL CLAIMS	23		ě				-	OTAL LAIMS	1			4		
PTO - 1360	(REV. (1/04)								U	S. DEPARTA				POMOS.